

## Understanding the PSA Test

There is a swirling controversy today around the importance, and use, of the PSA test; it is of critical imperative that each of you understands what the test is and the types of conversations that should be held with your doctor about it and the results from it.

The test basically measures **prostate specific antigens**, a substance produced by both normal and cancerous prostate cells measured in milliliters. The “normal” range has been traditionally seen as 0 – 4.0, though recent positions have been brought forward that the range should be 0 – 2.5 given that many men have prostate cancer while their PSA levels have remained low.

The PSA test, it must be remembered, is only a marker that suggests that prostate cancer may be present, but it can also indicate conditions of urinary infection, benign prostatic hyperplasia (BPH) or an enlarged prostate, etc. **ONLY** a biopsy can determine whether or not prostate cancer is present and further evaluation (Gleason scoring, ploidy, etc.) is required to determine whether or not those cancer cells are aggressive and life threatening or not.

### **Questions to Ask Your Doctor:**

Am I at risk for prostate cancer? – Family history, environmental risk, high-risk group (African-American), etc.

How often does my doctor recommend I should have a test and at what age should I start if I’ve never had one?

What are the differences among, and effectiveness of, the various types of PSA tests?

- Total
- Free vs. bound
- Complex
- ProPSA
- bPSA/iPSA

Does your doctor use other markers in decision-making to determine need for biopsy?

- Ploidy
- PSMA
- PIN

Does your doctor consider PSA velocity versus PSA level in taking diagnostic or treatment decisions?

Does your doctor use predictive tools such as the Partin Tables as part of the diagnostic process?